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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. SMITH, GAMBRELL & RUSSELL 1850 M STREET, N.W., SUITE 800 WASHINGTON, DC 20036 (Depositor's name) (Signature) (Date) ATTORNEY DOCKET NO. CONFIRMATION NO. APPLICATION NO. FILING DATE FIRST NAMED INVENTOR 033082R235 9723 09/29/2005 Tatsuo Nishita 10/519.451 TITLE OF INVENTION: METHOD OF OXIDIZING MEMBER TO BE TREATED **PUBLICATION FEE DUE** PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE APPLN. TYPE **SMALL ENTITY ISSUE FEE DUE** \$300 \$1700 11/28/2007 NO \$1400 nonprovisional 10/25/2007 SZEWDIE2 00000036 10519451 **EXAMINER** ART UNIT **CLASS-SUBCLASS** 01 FC:1501 1449.00 OP 2812 438-758000 AHMADI, MOHSEN 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Smith, Gambrell & (1) the names of up to 3 registered patent attorneys ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, Russell LLP (2) the name of a single firm (having as a member a U "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE Tokyo-to, Japan Tokyo Electron Limited 4b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) 4a. The following fee(s) are submitted: A check is enclosed. Issue Fee Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-4300 (enclose an extra copy of this for Advance Order - # of Copies (enclose an extra copy of this form).

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Authorized Signature

5. Change in Entity Status (from status indicated above)

Date __October 24, 2007

Dennis C. Rodgers Typed or printed name

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

32,936 Registration No. ___

□ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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